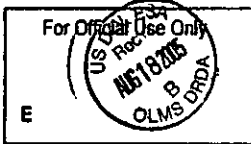


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>9638</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2004</b> Through <b>12</b> / <b>31</b> / <b>2004</b>
3 Name and address of person filing Name <b>LARRY</b> <b>L</b> <b>WEDAN</b>  P O Box Bldg Room No if any  Street <b>676 RUXTON RIDGE DR</b>  City <b>SUN PRAIRIE</b>  State <b>Wisconsin</b> ZIP Code + 4 <b>53590</b>	4 Name file number and address of labor organization Name <b>TEAMSTERS UNION LOCAL NO 695</b>  Labor Organization File Number <b>007-112</b>  P O Box Building and Room Number if any  Street <b>1314 N STOUGHTON ROAD</b>  City <b>MADISON</b>  State <b>Wisconsin</b> ZIP Code + 4 <b>53714</b>
5 Position in labor organization <b>BUSINESS REPRESENTATIVE</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	7 a Nature of Interest Transaction or Income        7 b Amount       

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <i>Larry R. Wedan</i>	On <b>8/16/05</b> Date	<b>1-608-244-6207</b> Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

## 12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name RON STREZLECKI

Trade Name if any BLUE CROSS OF WISCONSIN

P O Box Bldg Room No if any SUITE 100

Street 20855 WATERTOWN ROAD

City WAUKESHA

State Wisconsin ZIP Code + 4 53186

## 14 a Nature of payment.

FYFE S MEAL (4-29-2004)	54 32
GRAND GENEVA GREEN FEES (7-9-2004)	131 20
LAKE ARROWHEAD GREEN FEES (9-14-2004)	41 50

13 b Is the Business an Employer ☐ or Consultant ☒ ?

## 14 b Amount of payment.

\$227

## Part C Continuation Page

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name ROBERT PARR

Trade Name if any DELTA DENTAL

P O Box Bldg Room No if any SUITE 204

Street 1233 N MAYFAIR ROAD

City MILWAUKEE

State Wisconsin ZIP Code + 4 53226

**14 a Nature of payment.**PGA CHAMPIONSHIP ADMITTANCE  
(8/11/2004)

55 00

**13 b Is the Business an Employer** ☐ **or Consultant** ☒ ?**14 b Amount of payment**

\$55

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

**14 a Nature of payment.****13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment.****C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

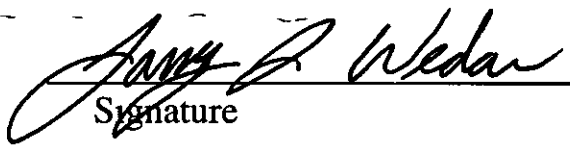
City

State

ZIP Code + 4

**14 a Nature of payment.****13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment.**

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for the calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form-30.

  
Signature

8-10-05  
Date